

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Wireless Communication Commission		CONTACT PERSON Lana Nicks	TELEPHONE NUMBER 601-359-5333
ADDRESS 412 East Woodrow Wilson Ave, Mail Stop 6601		CITY Jackson	STATE MS
ZIP 39216			
EMAIL LNicks@wcc.ms.gov	SUBMIT DATE 6/13/12	Name or number of rule(s): Repeal of the MSWIN PTT User Fee – Part 101 Chapter 3 Effective July 13, 2012	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Repeal of the MSWIN PTT User Fee Policy – Part 101 Chapter 3.

Specific legal authority authorizing the promulgation of rule: Miss Code 25-53-171(4)

List all rules repealed, amended, or suspended by the proposed rule: Repeal of the Guidelines and Procedures Part 101 Chapter 3

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


ECONOMIC IMPACT STATEMENT:

☒ Economic Impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately on _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed date of adoption: _____ 30 days after filing _____ Other (specify): _____	Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn <input checked="" type="checkbox"/> Repeal adopted as proposed May 4, 201 Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Robert Latham, Chairman

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>CB18863E</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.